

OCCUPATIONAL MEDICINE TERMINATION/TRANSFER CHECKLIST

PART I - TO BE COMPLETED BY EMPLOYEE (please print)											
Name			Z#		Employer		Group Leader		Z#		
Group	Mail Stop	Business Phone		Home Phone		Home Address					
1. Have you had any work-related illness or injury not previously reported? If so, explain circumstances.										<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been informed of an exposure to radiation or toxic materials above permissible limits? If so, explain.										<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Since your last LANL physical examination:											
a. Have you changed jobs?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Have you had a work-related injury or illness?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Have you had any unprotected workplace exposure to the following:											
1. High Noise										<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Fumes										<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Dusts										<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Chemicals										<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Radiation										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, explain.											
4. Do you have a history of a prior work-related injury that you feel is in need of continuing medical care? If so, explain										<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have any concerns related to prior work-related illness, injuries, or exposures? If so, explain.										<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Termination Date:											
7. Will you continue work as (circle one): lab associate casual contractor <input type="checkbox"/> Yes <input type="checkbox"/> No											
Signature of Employee:						Date:					

Please FAX the completed form to HSR-2 Occupational Medicine at 7-0535. An HSR-2 nurse will call you soon to conduct a telephone evaluation to determine if a termination examination is required. If you are not contacted by the end of the day, please call 7-7839 for assistance. Thank you.